



Army Fee Assistance Sponsor/Family Application

Type of Application: Initial Application Annual Recertification Change/Update to Sponsor/Family Information

Applications that are not fully completed or do not contain the information below cannot be processed. By completing this form, you attest that the information is true and accurate.

Section I - Parent / Legal Guardian

Name of Qualifying Army Sponsor (Last, first, middle initial)	Social Security Number	Rank/Grade
Work Address (Include street, city, state and zip code)	Work email address (MANDATORY)	
	Work telephone number	
Home Address (Include street, city, state and zip code)	Home email address	
	Alternate phone number	

Army Sponsor Status: Single Couple Separated Married Divorced

Eligibility Status of Army Sponsor, check all that apply:

<input type="checkbox"/> Army Active Duty	<input type="checkbox"/> DA Civilian
<input type="checkbox"/> Army Reserve: Title 10 _____	<input type="checkbox"/> Survivor of Fallen Soldier (SOS)
<input type="checkbox"/> Army National Guard: Title 10 _____ Title 32 _____	<input type="checkbox"/> Recruiter
<input type="checkbox"/> Wounded Warrior (WTU & WTB)	<input type="checkbox"/> Unit/Command: _____
<input type="checkbox"/> Special Operations Command (SOCOM)	

Section II - Authorized Individuals who may Act/Receive Army Fee Assistance (AFA) Information on Sponsor's Behalf

Name: _____ Last 4 of SSN: _____ DOB: _____
Email address: _____
Name: _____ Last 4 of SSN: _____ DOB: _____
Email address: _____

By providing the Information above, you authorize the release of Army Fee Assistance (AFA) child care subsidy information until the person/person(s) authorization is revoked in writing and you receive confirmation from the GSA Subsidy Administration Section that your case file has been updated accordingly.

Section III - Spouse / Partner

Spouse/Partner Name	Eligibility Status (Spouse/Partner must be working or attending school in order to qualify for Fee Assistance): _____ Employed _____ Student
Employer	College/University
Number of hours worked per week:	Enrollment/Semester start date:
If federally employed, provide Grade/Rank:	Number of credit hours: _____ Graduate _____ Undergraduate
*Spouse/Partner is seeking employment and/or enrolling school: Yes No	Please note that AFA benefits are authorized a maximum of 90 days for the Spouse/Partner to seek employment and/or enroll in school. Sponsor must submit 30 days of pay statements or a valid school schedule within 90 days of authorized AFA in order to remain eligible for benefits.



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Section III - Child Information

List information for all children for whom you are applying for Army Fee Assistance beginning with youngest child

Name of Child	Name of child care provider
Date of birth (MM/DD/YYYY):	Enrollment Date (MM/DD/YYYY):
Does the child named above reside in the home with the qualifying Army Sponsor: _____ Yes _____ *No	
*If No, please provide an explanation, location and with whom the child resides:	
Type of care provided: _____ Full Time (25 + hours per week) _____ Part Time (16 - 25 hours per week) _____ Before School only _____ After School only _____ Before & After School Care _____ Respite Care	
Is any other form of state, county or local subsidy being received on behalf of this child? _____ *Yes _____ No	
*If yes, please provide source: _____ Amount of other subsidy: \$ _____	
Name of Child	Name of child care provider
Date of birth (MM/DD/YYYY):	Enrollment Date (MM/DD/YYYY):
Does the child named above reside in the home with the qualifying Army Sponsor: _____ Yes _____ *No	
*If No, please provide an explanation, location and with whom the child resides:	
Type of care provided: _____ Full Time (25 + hours per week) _____ Part Time (16 - 25 hours per week) _____ Before School only _____ After School only _____ Before & After School Care _____ Respite Care	
Is any other form of state, county or local subsidy being received on behalf of this child? _____ *Yes _____ No	
*If yes, please provide source: _____ Amount of other subsidy: \$ _____	
Name of Child	Name of child care provider
Date of birth (MM/DD/YYYY):	Enrollment Date (MM/DD/YYYY):
Does the child named above reside in the home with the qualifying Army Sponsor: _____ Yes _____ *No	
*If No, please provide an explanation, location and with whom the child resides:	
Type of care provided: _____ Full Time (25 + hours per week) _____ Part Time (16 - 25 hours per week) _____ Before School only _____ After School only _____ Before & After School Care _____ Respite Care	
Is any other form of state, county or local subsidy being received on behalf of this child? _____ *Yes _____ No	
*If yes, please provide source: _____ Amount of other subsidy: \$ _____	



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Section IV - Certification of Army Sponsor

- > Sponsor/Family is financially responsible for all child care costs until they have received written notification that an AFA Benefit has been awarded.
- > Families are eligible for Army Fee Assistance (AFA) only if/when their application has been approved.
- > Families participating in other subsidy or Fee Assistance programs may be eligible for AFA; however the AFA is calculated after these discounts have been applied to the standard rate.
- > This benefit will continue on the Sponsor's behalf as long as he/she remains an eligible employee of the Army. Any change in your status with the Army must be reported to the GSA Child Care Subsidy Section immediately for further review.
- > You must notify the GSA Subsidy Administration Section if and when your child is no longer enrolled with the qualified child care provider identified on your application. The subsidy is not transferable to another child care provider. You must reapply for the Fee Assistance should you change child care arrangements.
- > You are responsible for reporting any changes in your personal and/or financial situation, or that of your spouse/partner, that may affect your status as an Army Fee Assistance recipient; such as, but not limited to, any change in employment, school enrollment, marriage, divorce, a spouse/partner who has entered or left the home, etc. Failure to promptly report any change to the GSA Subsidy Administration Section that causes an erroneous payment on your behalf may result in your Fee Assistance being terminated and subsequent collection action of the erroneous payment from you.
- > Any program policy infraction including but not limited to providing incorrect and/or incomplete financial information data, knowingly or unknowingly which causes an overpayment of AFA may result in disqualification from the program. This includes information and/or statements provided at the time of application or anytime throughout your enrollment in the AFA Program. In conclusion, repayment of AFA paid to your child care provider on your behalf will be required due a misrepresentation of information.
- > Parents who misrepresent information used to calculate their Fee Assistance may have their Fee Assistance terminated and be subject to the Uniform Code of Military Justice (UCMJ) and/or other legal consequences.
- > Invoices must be signed by a child care program representative along with the Sponsor, Spouse or Power of Attorney and submitted to the GSA on a monthly basis in order for AFA to be paid.
- > Any change to the Families cost for any reason must be reported to the GSA as soon as it has been identified.
- > If your child cares provider's current standing with the state child care licensing authority changes or is revoked, this information must be reported to the GSA immediately.
- > As an eligible Army Sponsor/Parent, you agree to provide any and all information re-requested by the GSA and/or Army in order to check the validity of all documents related to your application, eligibility, and invoices/attendance records.
- > Due to the variation of oversight and regulation in different states and based upon official Army guidance, the GSA reserves the right to determine which types of child care providers in each state meet the minimum eligibility requirements for participation in AFA Programs.
- > Any program policy infraction including but not limited to providing incorrect and/or in-complete financial data, knowingly or unknowingly which causes an overpayment of AFA may result in disqualification from the program. In addition repayment of monies paid to the provider on your behalf due to this misrepresentation will be required.

I certify that:

- ✓ I am the parent or legal guardian of the child(ren) listed and I may be required to submit proof of such, in order to receive reduced fee child care.
- ✓ All information submitted as part of my application is true and correct.
- ✓ All family income of the spouse/partner and Army sponsor is reported.
- ✓ Army and GSA officials may verify any information on this application at any time they deem necessary.
- ✓ Eligibility for the reduced child care fee is determined based on Army eligibility requirements and operational guidance.
- ✓ I must select a qualified and eligible child care provider/program that meets the qualifications necessary to participate in the Army Fee Assistance program. Providers who do not qualify will not be reimbursed.
- ✓ AFA payments will only be made directly to the child care provider/program, and not me.
- ✓ I understand that AFA is not an entitlement program and is subject to the availability of funds

I understand that it is a Federal crime under United States Code (USC) 18, Section 1001, to make a false statement on this form. If I make a false statement, I agree to be subject to criminal prosecution and punishment including a fine, imprisonment or both. In addition, I may be subject to administrative punishment to include the termination of my federal Misrepresentation or falsifying this information may subject the individual to prosecution under the Uniform Code of Military Justice (UCMJ) and/or applicable State and Federal Laws.

I certify that the above information is true and correct to the best of my knowledge.

Signature of Qualifying Army Sponsor

Date of Certification (MM/DD/YYYY)

Privacy Act Statement

Public Law 104-134 (April 26, 1996) requires that any person doing business with the Federal Government furnish a Social Security Number or Tax Identification Number (TIN). This is an amendment to Title 31, Section 7701. The primary use of information regarding family income (copies of pay statements and tax returns), name of current child care provider, copies of provider's license, letter of Accreditation, statement of compliance, and information about other child care subsidies is also used to determine eligibility for Fee Assistance. Disclosure of the above information is voluntary, but failure to provide all of the requested information may result in the denial of your application.